Amendments to the Specification:

Please add the following paragraphs after paragraph 0054 and before paragraph 0055.

[0054.1] Figs. 11-14 illustrate the use of adjustment wires for steering capability.

[0054.2] Figs. 15A-15D illustrate the use of pre-shaped mandrels to steer a component or structure.

[0054.3] Figs. 16-20, 21A-21C, and 22A-22B depict various orientation assessment tools.

[0054.4] Fig. 23 is a schematic illustration of an interatrial septum stabilization device.

[0054.5] Fig. 24 is a schematic illustration of a catheter shaft designed to provide stabilization against a structure, such as the interatrial septum, or for flexible adjustment and locking stability in various positions.

[0054.6] Fig. 25 is a schematic illustration of an atrial stabilization device.

[0054.7] Figs. 26-29 illustrate stabilization mechanisms which utilize coupling to the valve annulus.

[0054.8] Figs. 30, and 31A-31D illustrate stabilization mechanisms which utilize coupling with the valve commissures and/or leaflets.

[0054.9] Figs. 32A and 32B illustrate mitral valve stabilization using snares for capturing the valve chordae.

[0054.10] Figs. 33A and 33B illustrate an antegrade approach for snaring valve chordae and optionally suturing the chordae together to treat valve regurgitation.

[0054.11] Fig. 34 illustrates an antegrade approach for snaring valve chordae to stabilize the mitral valve.

[0054.12] Figs. 35 and 35A illustrate a snaring catheter particularly intended for capturing valve chordae from a retrograde approach.

[0054.13] Figs. 36A and 36B illustrate use of the catheter Fig. 35 for snaring valve chordae.

[0054.14] Figs. 37 and 38 illustrate a catheter similar to that shown in Figs. 35 and 35A, except that it includes a working channel for introducing interventional catheters and tools to treat the mitral or other atrioventricular valve according to the methods of the present invention.

[0054.15] Figs. 39A and 39B illustrate a coil which can be implanted within the valve chordae to stabilize the mitral valve.

[0054.16] Fig. 40 illustrates placement of the coil of Figs. 39A and 39B from a retrograde approach.

[0054.17] Figs. 41A -41B, 42A-42B and 43 illustrate valve leaflet grasping devices which utilizes a pinching method.

[0054.18] Figs 44A-44D are schematic illustrations of an atrial-ventricular valve leaflet grasping device which utilizes a pinching method.

[0054.19] Figs 45A-45B are schematic illustrations of a grasping device which utilizes rollers in a pinching method.

[0054.20] Figs. 46A-46B are schematic illustrations of a grasping device which utilizes a pair of opposing coils in a pinching method.

[0054.21] Figs. 47A-D illustrate a pronged valve leaflet device which utilizes a pinching, partially penetrating or piercing method.

[0054.22] Fig. 48 illustrates a vacuum-assisted stabilization catheter for use in the methods of the present invention.

[0054.23] Fig. 49 illustrates an embodiment of a valve suturing device according to the present invention.

[0054.24] Figs. 49A-49C illustrate an additional embodiment of a valve suturing device according to the present invention.

[0054.25] Fig. 50 illustrates a further embodiment of a valve suturing device according to the present invention.

[0054.26] Fig. 51 illustrates use of the catheter for capturing and suturing opposed mitral valve leaflets.

[0054.27] Fig. 52 illustrates the mitral valve leaflets which have been secured as shown in Fig. 51.

[0054.28] Figs. 53 and 54 illustrate an alternative anchor which can be used with the suturing devices of the present invention.

[0054.29] Figs. 55A-55B illustrate the use of an expansible anchor in fixation.

[0054.30] Figs. 56 and 57 illustrate yet another suturing device according to the present invention.

[0054.31] Fig. 58 illustrates use of the suturing device of Figs. 56 and 57 to place sutures between valve leaflets of the mitral valve.

[0054.32] Fig. 59 illustrates yet another embodiment of a suturing device according to the present invention.

[0054.33] Fig. 60 illustrates use of the device of Fig. 59 and suturing opposed mitral valve leaflets.

[0054.34] Figs. 61A and 61B illustrate a stapling device which can be used to staple opposed leaflets of an atrioventricular valve according to the methods of the present invention.

[0054.35] Figs. 62A-D are schematic illustrations of fixation devices.

[0054.36] Fig. 63 illustrates an alternative two part fixation stapling device.

[0054.37] Fig. 64 illustrates use of the stapling device of Fig. 63 for stapling opposed valve leaflets of a mitral valve.

[0054.38] Fig. 65A-65C are schematic illustrations of coiled fixation devices.

[0054.39] Fig. 66 illustrates use of a self-securing anchor for attaching opposed surfaces on the leaflets of the mitral valve.

[0054.40] Figs. 66A-66B are schematic illustrations of penetrating fixation devices.

[0054.41] Figs. 67 and 68 are schematic illustrations of penetrating fixation devices with barb-like distal ends.

[0054.42] Figs. 69A-C and 70A-B are schematic illustrations of clips used as fixation devices.

[0054.43] Figs. 71, and 72A-72B are schematic illustrations of clips involving the use of graspers in the fixation mechanism.

[0054.44] Figs. 73A-73C illustrate a three-jaw clip-applier.

[0054.1] Fig. 74 illustrates a clip which has been applied by the clip-applier of Figs. 73A-73C.

[0054.45] Fig. 75 illustrates a device for applying radiofrequency energy to shorten valve chordae.

[0054.46] Figs. 76, and 77A-77B illustrates devices used to plicate and shorten valve chordae.

[0054.47] Fig. 78 illustrates a first exemplary approach for placing an annuloplasty ring according to the methods of the present invention.

[0054.48] Figs. 79 and 80 illustrate a second exemplary approach for placing an annuloplasty ring according to the methods of the present invention.

[0054.49] Fig. 81 illustrates a method for placing an anchored filament about a mitral valve annulus that can be used to tighten the annulus.

[0054.50] Fig. 82 illustrates a method for placing multiple sutures about a mitral valve annulus, where the individual suture plicate and tighten the annulus.

[0054.51] Figs. 83-85 illustrate an embodiment of an atrial device for valve tissue modification.

[0054.52] Figs. 86, and 87A-87D illustrate an embodiment of an atrial-ventricular device for valve tissue modification.

[0054.53] Figs. 88-89, and Figs. 90A-90B illustrate an embodiment of a ventricular device for valve tissue modification.

Please replace paragraph 0164 with the following amended paragraphs.

[0164] Referring to Fig. 87B, the grasper 1113 will gradually close, drawing the leaflets LF1, LF2 together while maintaining a secure hold on the leaflets between the jaw arms 1120 and the stabilizers 1112. This may be accomplished by a number of methods. For example, the stabilizers 1112 may be gradually collapsed by either extending the extenders 1116 or retracting the outer sheath 1110. As the stabilizers 1112 collapse, the jaw arms 1120 may collapse due to spring loading to gradually close the grasper 1113. Alternatively, the jaw arms 1120 may be actuated to close against the central shaft 1122 applying force to the stabilizers 1112 causing them to collapse. In either case, such action allows the stabilizers 1112 to simultaneously vertically retract and withdraw from the leaflets as the leaflets are clamped between the jaw arms 1120 and the central shaft 1122. In this manner, the leaflets are effectively "transferred" to the

grasper 1113. Referring to Fig. 87C, once the collapsed stabilizers 1112 are completely withdrawn, the leaflets LF1, LF2 are held in vertical opposition by the grasper 1113 in a more natural coaptation geometry. At this point the leaflets may be adjusted and fixated. Fixation may be achieved with an external element or the grasper 1113 may be left in place as a fixation device. Fig. 87D illustrates the grasper 1113 uncoupled from the catheter shaft 1102 and left in place as the fixation device.